

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS       | ID NO.       | DATE            |
|---------------------------|----------------|--------------|-----------------|
| FEE DETERMINATION         |                |              |                 |
| O.I.P.E. CLASSIFIER       |                |              |                 |
| FORMALITY REVIEW          | <i>SM</i>      | <i>50864</i> | <i>7-19-01</i>  |
| RESPONSE FORMALITY REVIEW | <i>8/25/01</i> | <i>1091</i>  | <i>10-25-01</i> |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

BEST AVAILABLE COPY

1/21/01  
2/23/01